	Name of School Corporation			CODES	
	Name of School			County #	
	Address of School			Corporation #	6
	City		County	School #	
	Zip Code	School Telephone No). D.		
m	ust submit a separate	report. The answer for	sted in the Indiana School Di each box below must be a nu tudents in your school:		
Se	ee the work sheet for the miniudents listed in this category	imum complete immunization	having completed immu	nizations:	В.
N			who have a medical con		c.
			e who have a religious ob		D.
	statement, signed and verifie munization records.	d annually by a parent/guardi	an stating the objection, must be on	file in your school	
	umber of students f kemption on file.	rom Box "A" above	NOT complete and havir	ng no	Е.
	Number of students from box "A" who do <u>NOT</u> have a <u>complete</u> Polio series and have no exemption on file:				
	Number of students from box "A" who do <u>NOT</u> have a <u>complete</u> Measles series and have no exemption on file:				
	Return this forn Indiana State De Immunization P 2 North Meridia	epartment of Health rogram, 6A	Signatures:	Superinte	ndent

Prepared By

Indianapolis, IN 46204-3003